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# THE LEARNING DISABILITY PHENOMENON IN PURSUIT OF AXIOMS

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*William C. Healey*

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*WILLIAM C. HEALEY, Ph.D., is professor emeritus, Department of Special Education, University of Nevada, Las Vegas.*

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The social epistemologist studies the basic nature of knowledge and defines axioms as statements of absolute truths that are undeniable, inescapable, and devoid of most uncertainties (Machan, 1985). The accidental phenomenon of learning disabilities (LD) has pursued the scientific truths in axioms for 42 years. Writing facts and perceptions regarding the history and future of LD enables theorists and practitioners to determine if any of its constructs and practices reaches consensus as universally accepted axioms of undeniable truths.

## **SEMINAL LESSONS AND UNRESOLVED ISSUES**

In mid-1900, rapid growth in population, social needs, as well as political pressures compelled medicine, rehabilitation, psychology, and education to serve children in subcategories of sensory, physical, mental, and communicative disabilities. LD as we know it today was not included. Some legislators, educators, and parents believed certain children, even in the accepted categories of disability, should be excluded from schooling. At the time, no philosophical, ethical, or legal consensus guided comprehensive service planning for (or from) individuals with disabilities.

A memorable assignment in college required me to explain the early array of terms used to describe learning problems, including childhood aphasia, brain damage, perceptual handicap, word blindness, and/or hyperactivity. Terminology issues still confront students and professionals, including uncertainties regarding LD subtypes. Also, I discovered that general educators often broadly categorized children with learning problems as underachievers, who included children with poor teaching, learning, or both (Kessler, 1988).

In 1958, I participated in the first elementary classroom at Teacher's College, New York City, for children labeled brain injured. My assignment was Peter, whose joyful spirit, impulsive capers, and unique learning

pattern fit several of the terms used in the learning problem puzzle. The psychologist suggested that if these children lay end-to-end from New York to California, the only thing we could predict was that they all would get dirty. I did not realize at the time the profound truths embedded in that statement. It provoked the various interpretations and intimated the uncertainties that subsequently would confound the understanding and treatment of children's learning disabilities for decades.

Three more lessons, among many during my education, were seminal for me and are critical foundations for current and future practices. These include (a) each child must be studied and understood in-depth; (b) methods exist to help any child learn; and (c) few children (or parents) are resistant to correct interventions, even though resistance to intervention is one topic in the endless debate on how to identify a child with LD (NRCLD, 2003).

These early lessons partly prepared me for LD events during my role as the Missouri director of special education from 1962 to 1965. For example, the commissioner asked me to explain why legislators in Missouri and other states were getting bills for educating brain injured children, especially because Missouri had enacted mandatory education for children in the usual categories of handicaps in 1955.<sup>1</sup> When I said children labeled as brain injured were not being identified under the extant categories, he grumbled that we didn't need any new programs because the education department already was an underfunded, overstretched service station.

## **LEARNING DISABILITIES: A DESCRIPTOR TRANSFORMED INTO A CATEGORICAL LABEL**

Samuel Kirk attempted to avoid the categorical labels he disliked by describing some children as having learning disabilities in his historic speech in 1963. That col-

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lective descriptor was transformed quickly into a categorical labeling phenomenon, causing his audience to change their group name to the Association for Learning Disabilities. The various labels in the Missouri bills were replaced in favor of LD, which also spread nationally into laws, child programs, group names, research, and the literature. LD became a movement when (a) parents believed their child's problem fit a condition named in some LD definition, (b) parents and professionals chose LD as the socially acceptable disability category, and (c) people hoped specific learning disabilities might be remedied.

LD remains the largest rapidly growing disability category. These kinds of events suggest that Kirk's 1963 message contained axioms of undeniable truths; yet his descriptor brought about uncertainties and 42 years of unresolved issues in standardizing LD identification and intervention practices.

### THE EXPANDED FEDERAL ROLE IN EDUCATING CHILDREN WITH DISABILITIES

When disability advocates in 1963 were lobbying for more federal aid, President John Kennedy invited Kirk to develop a program for education like the National Institutes of Health. This seminal event was followed by another major milestone when Kirk convinced the President and Congress to fund research and personnel preparation as the basic programs to expand knowledge and education for children with handicaps (personal communication, 1964). In 1964, Kirk invited state special education directors and university officials to review Public Law 88-164 rules for new traineeship and research stipends to be granted by the Division of Handicapped Children and Youth (DHCY), soon renamed The Bureau of Education for the Handicapped (BEH).

In 1965, I became an assistant superintendent and director of research for the Special School District in St. Louis County, Missouri. The district served over 50,000 children with all types of disabilities in 23 independent school districts. It offered unique opportunities to educate children in the traditional disability categories and others with unmet needs soon to be classified as learning disabilities.

Data from Peter and his classmates, Kirk, and Dr. Frank Wilson, my predecessor, convinced me that intense, daily instruction was critical for difficult-to-teach children whose severe learning disabilities included unintelligible speech, language disorders, and major language, visual, or motor development challenges. Children's progress was tracked through intra- and extramural evaluations and research, including Kirk's studies for the 1968 Illinois Test of Psycholin-

guistic Abilities (ITPA). Kirk expressed special concern that children lacking the language and related skills of competent readers often went unidentified or without the instruction they needed: thus, his choice of the Special District for research and Osgood's psycholinguistic model for design of the ITPA (personal communication, 1967). The district ultimately lost status, partly because two key officials preferred too many child placements in segregated buildings. Wide use of the ITPA contributed to the spread of the LD construct and increased numbers of children identified as LD.

### EVENTFUL SHIFTS IN NATIONAL PRIORITIES

In 1970, I became associate secretary of school affairs at the American Speech and Hearing Association (ASHA). The LD construct and its varied definitions were evoking competitive actions among national disability organizations at the time. Most of them hastily asserted their official, and politically important, roles with LD in position papers. For instance, ASHA issued its position papers, and added language to the titles for the organization and the speech [and language] pathologist. Inservice workshops were held on language development, disorders, and differences, and a booklet I edited into a journal became popular after it was retitled *Language, Speech, and Hearing Services in the Schools* (see *Speech and Hearing Services in the Schools* [1970], emphasis added).

In 1971, these organizations were compelled to embed their concerns about LD with broader issues that arose, unexpectedly, from new national survey data on children with disabilities in public schools (LRE, 1978, p. 214). About 50% of the children were not being educated, and those in school were not receiving the services they needed. Many schools were excluding or expelling selected children from enrollment. Upset parents were joining national groups willing to seek court relief, as in the PARC and Mills cases (1971-72). Organizational members of the Council for Exceptional Children's Interagency Committee from 1971-1974 sought to derive consensus on basic principles, preferred practices, court rulings, state and local service plans, preschool, early detection and intervention, administrative due process, and funding for comprehensive services. Lisa Walker, a Senate staff member, and Fred Weintraub of CEC, with others, captured many of our agreements in a bill that primarily sought added federal funding. It became the historic Public Law 94-142, The Education of All Handicapped Children's Act (EAHCA; 1975), in which Part A listed the typical handicap categories that were undefined.

Controversy arose when LD could not be listed without including its legal definition from the obscure

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federal law entitled Children with Learning Disabilities Act of 1969. That law had little visibility because it was consolidated into PL 91-230 in 1970. Thus, LD was the only handicap category with a definition in PL 94-142. The definition remains controversial. Congress wanted to prevent undue growth in the count of children identified as LD and the costs of the act, capping funding for LD at no more than 2% of all children in a special education program and requiring a separate set of regulations with LD identification procedures.

These and other issues caused a two-year delay in issuing regulations for EAHCA, and incited the BEH to invite appointees from selected groups to be The National Joint Committee on Learning Disabilities (1975). The members, who elected me as chair for two years, came from the Division for Children with Learning Disabilities, Division for Children with Communicative Disorders, CEC, Association for Children with Learning Disabilities, International Reading Association, Orton Society, and ASHA. The committee and its individual members worked with BEH staff to develop two sets of regulations released in August 1977. By 1980, the Congress removed the LD regulations with the 2% cap. Legally, LD teachers could not be listed in the personnel qualifications section of the law because too few states at that time (about 23) certified LD teachers. Congress's fear of chaotic growth in LD was prophetic.

### INSENSITIVE PARADIGM SHIFTS

Kirk asked me to accept faculty and administrative positions at the University of Arizona in 1980, just as the LD enterprise grew more complex. While many previously ignored children profited from the LD movement, others were affected negatively by the continuing demise of remedial reading programs and paradigm shifts in education. As school districts with reading specialists faced fiscal pressures from rising enrollments, administrators and state regulators supported excessive caseloads. This was one factor preventing informed reading and speech clinicians from scheduling children for the frequency, intensity, and type of interventions necessary to acquire basic linguistic and related skills to be grade-appropriate, competent readers. Some remedial instruction was redefined as an LD program, but many personnel assigned had inadequate knowledge of the children's disparate problems as well as the distinctive features and interactive processes of speech, language, and reading.

Simultaneously, paradigm changes in education led to the preference for literacy instruction and adoption of the whole language reading philosophy (Goodman, 1986). Hundreds of educators who became disciples of this philosophy were insensitive to the fact it was devoid of methods for teaching reading to children

needing explicit skill instruction (Mather, 1992). Poorly taught readers added to the rapid growth of LD, while theorists and methodologists debated, rather than implemented, research results that support teaching the basic skills of phonemic analysis vs. phonics for effecting sound/symbol decoding (Torgesen, 1994).

### POSSIBLE, PROBABLE, AND PREFERRED FUTURES

Achieving consensus answers to the two fundamental questions, "What is LD and which child has it?," would be axioms that have eluded LD science and practice. Such uncertainties dominated recent debates of LD during reauthorization of IDEA (now IDEIA) and jeopardize its future. While the history of LD teaches important lessons for creating futures in disability prevention, identification, and intervention, its future should be subsumed in three types of futures described as possible, probable, and preferred.

The *possible future* within 25 years for all children with disabilities will have each child receiving appropriate interventions without the need for categorical labels. The *probable future* includes technological advances in prevention methods and ultra-sensitive diagnostics through positron emission tomography, magnetic resonance imaging, chip-based mass spectrometry to detect genetic defects in fetuses, and computerized germ-catchers. Interventions will be tailored for each child with error-free computerized speech and language recognition software, inserted immune-boosting power drugs, universal cell implants, genetic circuits to reprogram cell behavior by robo surgeons, and RNA (RiboNucleic Acid) interference to turn off disease-causing genes. Educators will adopt therapeutic virtual worlds and disability-specific computer-assisted target curricula. Web access to instant expertise and reliable research on effectiveness will add precision to diagnostics and interventions. Magnetic brainwave mapping will permit elimination of seizures while neural interface implants help control movement.

The *preferred future* accepts only (a) conscientious personnel with great expectation attitudes for every child, (b) in-depth understanding of each learner, (c) the right of every child finally to have an appropriate education, and (d) competent administrators effecting quality controls to stop the massive spread of mediocrity and incompetence in education. What teacher or administrator has not known of something a child ought to have received to enable learning, but did not? This practice is "oughtism." It is unethical and must become history. The final preferred future is to meet each child's and caretaker's needs effectively as early and for so long as required, regardless of some label for the day or generations.

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## FOOTNOTE

- <sup>1</sup>. The term handicaps reflects its use historically.